Home Health Certification and Plan of Care

Order ID: 1163/1111

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
98172748	04/23/2026	From: 06/22/2026 To: 08/20/2026	1304	497754

6. Patient's Name and Address
Rosa Flores
4425 Medford Drive,
ANNANDALE, VA 22003-
571-344-1076

7. Provider's Name, Address and Telephone Number
Grace Home Healthcare, LLC
9735 Main Street Suite 200 Fairfax,
Fairfax, VA 22031-3736
703-865-7370
1073904009

8. DOB 12/29/1941 | **9.Sex** Female

11. ICD	Principal Diagnosis	Date
N10.	Acute pyelonephritis	04/23/26

13. ICD	Other Pertinent Diagnoses	Date
I10.	Essential (primary) hypertension	04/23/26
I70.0	Atherosclerosis of aorta	04/23/26
E78.00	Pure hypercholesterolemia unspecified	04/23/26
K21.9	Gastro-esophageal reflux disease without esophagitis	04/23/26
M47.817	Spondyls w/o myelopathy or radiculopathy lumbosacr region	04/23/26
M16.0	Bilateral primary osteoarthritis of hip	04/23/26
G47.00	Insomnia unspecified	04/23/26
M81.0	Age-related osteoporosis w/o current pathological fracture	04/23/26
H91.93	Unspecified hearing loss bilateral	04/23/26
N99.528	Other comp of incontinent external stoma of urinary tract	04/23/26
L89.323	Pressure ulcer of left buttock stage 3	04/23/26
B96.1	Klebsiella pneumoniae as the cause of diseases classd elswhr	04/23/26
B95.2	Enterococcus as the cause of diseases classified elsewhere	04/23/26
I26.99	Other pulmonary embolism without acute cor pulmonale	04/23/26
I48.91	Unspecified atrial fibrillation	04/23/26
F32.A	Depression unspecified	04/23/26

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Acetaminophen - Acetaminophen 500mg 2 tablets by mouth every 8 hours Mild pain as needed
Calcium Carbonate, Famotidine And Magnesium Hydroxide - Calcium Carbonate: Famotidine: Magnesium Hydroxide 600 mg 10 mcg 400 unit 1 tablet by mouth once a day Supplement
Trazadone - Trazodone Hydrochloride 50 mg 1 tab by mouth at bedtime Insomnia
Claritin - Loratadine 10 mg 1 Tablet by mouth once a day Allergic
Metoprolol Tartrate - Metoprolol Tartrate 12.5 mg 1 tablet by mouth twice a day HTN
Atorvastatin Calcium - Atorvastatin Calcium 40 mg 1 tab by mouth at bedtime HLD
Pradaxa - Dabigatran Etexilate Mesylate 150 mg 1 Tablet by mouth twice a day Blood Thinner
Ferrous Sulfate - Ferrous Sulfate: Folic Acid 325MG tablet take 1 tab by mouth every other day Anemia
Flonase - Fluticasone Propionate 0.05 mg/spray 2 Spray inhalant once a day Allergic

14. DME and Supplies:
rolling walker, None of the above

15. Safety Measures:
activity supervision

16. Nutrition:
Z. NO PHYSICIAN-ORDERED DIET

17. Allergies:
no known allergies

18.A. Functional Limitations
None of the above

18.B. Activities Permitted
Cane

19. Mental & Pyschosocial Status: COGNITION: 0. Able to get to and from the toilet and transfer independently with or without a device., ANXIETY: , SOCIAL ISOLATION: , BEHAVIORAL ISSUES: 3+/5, HISTORY OF DEPRESSION:

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: , MOBILITY:

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status:
Due to diagnosis of Acute pyelonephritis, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device

Clinical Condition Requiring Homecare:

The patient continues to demonstrate functional limitations due to decreased strength, impaired balance, reduced endurance, gait dysfunction, and impaired mobility, which negatively impact safety and independence with activities of daily living. Skilled physical therapy interventions focused on progressive therapeutic exercises, balance and neuromuscular re-education, gait and functional mobility training, transfer training, and patient education to improve functional performance and reduce fall risk. The patient has shown gradual progress toward established goals, including improved activity tolerance and participation in functional tasks; however, intermittent verbal and tactile cueing remains necessary to ensure safety, proper posture, and appropriate movement mechanics. Ongoing skilled physical therapy services remain medically necessary to address persistent deficits, maximize functional independence, improve mobility and endurance, reduce caregiver burden, and decrease the risk of falls, hospitalization, and further functional decline. An occupational therapy reassessment was also completed, and the patient will continue receiving OT services to enhance safety and independence with activities of daily living, including dressing, bathing, and instrumental activities of daily living. Family members will continue to assist with meal preparation, medication management, and transportation to medical appointments.<o:p></o:p>   Date of Order<o:p></o:p> 06/17/2026
<span

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/17/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Krista Frye
5999 Burke Commons Rd
Arlington, VA 22205
PHONE: 7032497700 FAX: NPI: 1336776228

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.

F2F date : 04/17/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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style="mso-spacerun:'yes';font-family:Calibri;mso-bidi-font-family:'Times New Roman'; font-size:11.0000pt;mso-font-kerning:1.0000pt;">Order<o:p></o:p> Physician Face-to-Face Date: 04/17/2026<o:p></o:p> Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management pt-eval & treat ot-eval & treat hha-adls dx: Acute pyelonephritis<o:p></o:p> Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home <o:p></o:p>
4 - Recertification PT Notes: due to functional limitations secondary to decreased strength, impaired balance, reduced endurance, gait dysfunction, and impaired mobility affecting safety and independence with daily activities<o:p></o:p> Physician: Frye, Krista

SN Careplans	SN Goals

PT Careplans	PT Goals
PT WK1: 1 (06/22/26-06/27/26) ,WK2: 1 (06/28/26-07/04/26) ,WK3: 1 (07/05/26-07/11/26) ,WK4: 1 (07/12/26-07/18/26) ,WK5: 1 (07/19/26-07/25/26)	PATIENT-STATED GOAL: To improve stairs negotiation (ascend > descending)
PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5	GOALS Chair to Bed to Chair - 06. Independent
CAREGIVER: 3+/5	Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance
HOSPITALIZATION RISKS: 10. None of the above	1 - Step (curb) - 05. Setup or clean-up assistance
STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds Advance Directive:No Advance Directive	Toilet Transfer - 06. Independent patient/caregiver recalls * lifestyle modifications to manage respiratory condition including * diet changes and regular exercise * strategies to control shortness of breath * home remedies to keep lungs healthy * recalls related medication(s) purpose, schedule
PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170P1 - Picking Up Object, GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170M1 - 1 - Step (curb), GG0170I1 - Walk 10 Feet, GG0170G1 - Car Transfer, GG0170E1 - Chair to Bed to Chair, GG0170D1 - Sit to Stand, GG0170F1 - Toilet Transfer, GG0170O1 - 12 Steps, GG0170N1 - 4 Steps, GG0170M1 - 1 - Step (curb), GG0170L1 - Walk 10 ft on Uneven Surface, GG0170K1 - Walk 150 Feet, GG0170J1 - Walk 50 ft with 2 Turns, limited strength, limited range of motion, limited endurance, balance deficit	Car Transfer - 06. Independent Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance Walk 150 Feet - 05. Setup or clean-up assistance 4 Steps - 05. Setup or clean-up assistance 12 Steps - 05. Setup or clean-up assistance Picking Up Object - 05. Setup or clean-up assistance
PROCEDURES: home exercise program: HEP includes ankle pumps, quad sets, glute sets, heel slides, supine hip abduction, seated marching, long arc quads, sit-to-stands, standing marches with rolling walker support, heel raises, toe raises, mini squats, standing hip abduction, standing hip extension, short distance ambulation program with rolling walker, diaphragmatic breathing exercises, log rolling practice for bed mobility, posture training, pacing and energy conservation techniques, and frequent repositioning/walking as	Walk 10 Feet - 06. Independent 1 - Step (curb) - 06. Independent Sit to Stand - 06. Independent

Signature of Physician:	Date

Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026

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pacing and energy conservation techniques, and frequent repositioning/walking as tolerated while maintaining abdominal precautions and fall prevention strategies., gait training on uneven surfaces, gait training/stair training, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Chair to Bed to Chair - 06. Independent, Sit to Stand - 06. Independent, Toilet Transfer - 06. Independent, Car Transfer - 06. Independent, Walk 10 Feet - 06. Independent, Walk 50 ft with 2 Turns - 05. Setup or clean-up assistance, Walk 150 Feet - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 05. Setup or clean-up assistance, 1 - Step (curb) - 05. Setup or clean-up assistance, 1 - Step (curb) - 06. Independent, 4 Steps - 05. Setup or clean-up assistance, 12 Steps - 05. Setup or clean-up assistance, Picking Up Object - 05. Setup or clean-up assistance

OT Careplans

OT WK1: 1 (06/22/26-06/27/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130E1 - Shower/Bathe Self, GG0130C1 - Toileting Hygiene, GG0130A1 - Eating

PROCEDURES: equipment training, work simplification/energy conservation

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent

OT Goals

PATIENT-STATED GOAL: I want to get stronger and get back to feeling like myself

GOALS
Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Oral Hygiene - 06. Independent

Toileting Hygiene - 06. Independent

Lower Body Dressing - 06. Independent

Don/Doff Footwear - 06. Independent

Upper Body Dressing - 06. Independent

Eating - 06. Independent

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/17/2026